

**Kings County**513-20  
HEALTH INFORMATION MANAGEMENT DEPARTMENT  
451 Clarkson Ave  
Brooklyn, NY 11203  
B Bldg Room BG 40**CERTIFICATION**

I, Latoya Holley, Medical Record Specialist of Kings County Hospital Center hereby certify that the attached is in the custody of and is the full and complete record in the condition, act, transaction, occurrence of the Institution concerning

Benbow, James MR#1946208

Patient's Name & Medical Record Number

1515 Hazen St. NIC East Elmhurst, NY 11370

Address

Entire Record Dated From 3/7/15 to 3/18/15

Emergency Room Record Date (s) \_\_\_\_\_ to \_\_\_\_\_

Ambulatory Care Records From \_\_\_\_\_ to \_\_\_\_\_

I further certify that this record was made in the regular course of business of this Institution and it is in the regular course of business of this Institution to make such record, and such record was made at the time of the condition, act, transaction, occurrence or event, or within reasonable time thereafter.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

451 Clarkson Avenue, Brooklyn, NY 11203  
New York City Health and Hospitals

Rvsd. 12/16

DEF\_3804

HEALTH  
HOSPITALS

Kings County

HEALTH INFORMATION  
MANAGEMENT DEPARTMENT  
451 Clarkson Ave  
Brooklyn, NY 11203DELEGATION OF AUTHORITY

I, Sheldon McLeod, Interim Chief Executive Officer of Kings County Hospital Center, certify that Felicia Jones, Senior Associate Director of Health Information Management and Latoya Holley, Medical Record Specialist, whose signatures appear below, are responsible employees of this institution. I hereby authorize them to certify records of this institution as the full and complete record of the condition, act, transaction, occurrence or event, which have been made in the regular course of business of this institution. To make such records at this time of the condition, act, transaction, occurrence or event, is within a reasonable time thereafter.

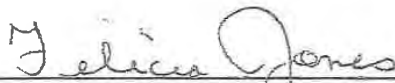


Sheldon McLeod

Signature of Interim Chief Executive Officer

Date:

3/31/20



Felicia Jones

Signature of Senior Associate Director

Medical Records

Date:

3/31/20



Latoya Holley

Signature of Authorized Employee

Date:

3/31/20

**Kings County**

HEALTH INFORMATION MANAGEMENT DEPARTMENT  
451 Clarkson Ave  
Brooklyn, NY 11203  
B Bldg. Room BG 40  
Telephone: (718) 245-4241

## REDISCLOSURE STATEMENT

**“This information has been disclosed to you from confidential records which are protected by state law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of state law may result in a fine or jail sentence of both. A general authorization for the release of medical or other information is NOT sufficient authorization for further disclosure.”**

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Rvsd. 1/17

**DEF\_3806**





